Registration Extension Request Affidavit

Purpose of this form: This affidavit is to be used by a vehicle owner to request an extension no greater than 30 days on the initial registration period for a motor vehicle that has been purchased but the transferor has not provided the purchaser or other transferee owner with a title to the motor vehicle more than 5 business days prior to the expiration of such initial registration.

How to submit this Form: This fully completed form must be submitted along with the required item(s) below to your local County tag office. Please refer to our website at **a clrf ''etax.dor.ga.gov** to locate the address(es) for your specific County.

Additional requirements in order for this form to be processed:

☐ Bill of Sale

I/we_____ purchased the motor vehicle described below from _____
      Purchaser's Name   Transferor/Seller

on ___/____/_____. It has now been at least twenty-five days (25) since the date of this purchase. I/we do not have a license plate for this motor vehicle and the title has not been issued in my/our name for this 1986 or newer motor vehicle that is required to be titled.

I/We attest that this affidavit is being submitted to _____County tag agent with a request that shall grant
                                                                             County Name

an extension of the initial registration period due to the title for the vehicle below not being provided due to the failure of a security interest or lienholder to timely release a security interest or lien in accordance with Code Section 40-3-56.

I also acknowledge and understand that any false statement(s) submitted is punishable under the law and may result in a denial of my request.

Signature: _____**Date:** _____/_____/_____

Owners' Full Legal Name	
Mailing Address	
City	State	Zip	Telephone # ( ) —

Owner(s)' Full Legal Name(s) (If Secondary Owner(s) are listed)	
Mailing Address	
City	State	Zip	Telephone # ( ) —

VEHICLE INFORMATION:

Make		Model		Year	
VIN					Purchase Date ____/____/____

Insurance Company Name	
Policy #	Insurance Expiration Date ____/____/____

STATE OF GEORGIA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20___, by

(_____)

Notary Signature

(NOTARY STAMP OR SEAL)